



# New Freedom Transportation Program Registration Form

New Freedom Program funds are for the purpose of supporting increased public transportation services for people with disabilities and to facilitate the inclusion of people with disabilities into the workforce and the community. Information collected on this form will only be used for the purpose of documentation of services provided with New Freedom Funds.

Rider's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Rider's Representative's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Indicate below the type of transportation service that will best accommodate this rider:

\_\_\_\_ **Service 1 - Curb No Assistance** - Rider is independent upon curbside departure of transit.  
Independent ability to board/communicate and requires no assistance.

\_\_\_\_ **Service 2 - Curb w/Lift Assistance** - Rider is independent upon curbside departure of transit.  
Independent ability maneuver / can load & exit transit w/minimal assistance.

\_\_\_\_ **Service 3 - Door-to-Door** - Rider is independent upon assistance to the door.  
Needs assistance - may or may not need lift assistance.

\_\_\_\_ **Service 4 - Hand-to-Hand** - Rider is dependent on assistance.  
Accompaniment from one individual provider/caregiver/companion to another.

Rider, or rider's representative, hereby certifies under penalty of perjury that the rider has a disability within the meaning of The Americans With Disabilities Act.

Signature of rider or rider's representative \_\_\_\_\_ date \_\_\_\_\_

Would you agree to participate in a survey about the New Freedom Transportation Program?  
If so, please sign here: \_\_\_\_\_

(It is not necessary to participate in the survey in order to use the New Freedom Transportation Program.)

**For more information contact 1-866-751-TRIP (8747) or 281-633-RIDE (7433)**  
**MAIL TO:** Fort Bend Transit, 12550 Emily Court, Ste. 400, Sugar Land, TX 77478  
**EMAIL TO:** transit@co.fort-bend.tx.us **or FAX TO:** 281-243-6710